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 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450
 Facsimile: (571) 273-8300

From:
 Robert Yoshida
 Sanofi Pasteur Inc.

This facsimile is 10 pages, including this cover page

December 22, 2006

Re: **Appl. No.:** 09/673,133
Applicant: Lisa E. Myers et al.
Filed: June 11, 2002
Title: Transferrin Receptor Genes of *Moraxella*
TC/A.U.: 1646
Examiner: Pak, Michael D
Confirmation No.: 9490
Docket No.: 1038-1102 MIS:jb

This facsimile consists of:

Transmittal Form (1 page)
 Petition for Extension of Time Under 37 CFR 1.136(a) and duplicate copy thereof (2 pages)
 Certificate of Transmission under 37 CFR 1.8 (1 page)
 Amendment/Reply (5 pages)

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PTO/SB/21 (09-06)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

		Application Number	09/673,133
		Filing Date	June 11, 2002
		First Named Inventor	Lisa E Myers
		Art Unit	1646
		Examiner Name	Pak, Michael D
Total Number of Pages in This Submission	9	Attorney Docket Number	1038-1102 MIS:jb

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Duplicate copy of Extension of Time Request and Certificate of Transmission.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks
The total number of pages of this submission includes this Transmittal Form.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Sanofi Pasteur Inc.		
Signature			
Printed name	Robert Yoshida		
Date	December 22, 2006	Reg. No.	54,941

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Typed or printed name			
	Date		

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DEC 22 2006

U.S. Appl. No. 09/673,133, filed June 11, 2002
Attorney Docket No. 1038-1102 MIS:jb

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The following papers listed below are submitted:

Transmittal Form (1 page)

Extension of Time Request and duplicate copy thereof (2 pages)

Amendment/Reply (5 pages)

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